

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Thw	62848	6/13/00
O.I.P.E. CLASSIFIER	Elin		SDP/PA
FORMALITY REVIEW	H.S.	545	7/3/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
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2	7/14/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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